SOLICITATION ADDENDUM TWO QUESTIONS AND ANSWERS

SOLICITATION NUMBER: 122435 O5 Administrative Support Services for the State of Nebraska Employee Health Care Medical Benefit Plans Opening Date: July 17, 2025 Addendum Effective Date: July 9, 2026

Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	<u>RFP</u> <u>Section</u> <u>Reference</u>	<u>RFP</u> Page Number	Question	State Response
1.	NEBRASKA NETWORK ACCESS FILE	Entire File	Can the State please provide instructions on how bidders are to utilize the separately called out members in the Pediatric (< age 18) and OBGYN (Females > age 12) columns? These two member groups are included within the overall total membership (which includes waived employees), and GeoAccess reporting is normally run on one set of zip codes, either on total subscribers or total members.	The number of members meeting criteria "OB/GYN (female members, age 12 and older)" will be measured against group of members in "Members (Female, Age >=12)", and members meeting criteria "Pediatrician (members, birth through age 18)" will be measured against group of members in "Members (Age <= 18)".
2.	RFP Document ATTACHMENT C - QUESTIONNAIRE	Multiple Items I.1, I.13, and Section J (Wellness)	There are several references to "wellness" throughout the RFP, Attachment C Questionnaire, and the Cost Sheet. Is the State asking for an actual wellness program proposal, or are these references intended for any resources, health coaching, etc., that are included within the clinical management programs? We have seen separate Wellness RFPs from the State, so just looking for clarification. Thank you	The State is not looking for a separate wellness proposal. Bidders may include/suggest wellness programs that are part of the medical benefit. "Buy up" wellness programs may be included in the Cost Sheet. Note: these programs will not be scored.
3.	COST SHEET	HSA Fee Section	The State's Cost Sheet has requested HSA administrative fees. Our company does not perform in-house HSA administration, but we do utilize a preferred vendor. This differs from the incumbent who appears to offer both medical administration and HSA administration.	All services in the proposal must be part of the contract between the bidder and the State, no separate contracts with preferred vendors will be made.

			When employers purchase our vendor's HSA administration, the contractual agreement is between the vendor and the employer. Our company is not included in the HSA administration contract arrangement between an employer and our preferred vendor. Can the State please confirm if you would consider quotes from external vendors, and if so, is it acceptable that we do not include a copy of the vendor's contract since it will not be part of our medical administration agreement with the State?	Outsourcing or utilizing a preferred vendor as a bidder's subcontractor is acceptable. The RFP allows for subcontractors on services for the awarded bidder. The State of Nebraska will not consider quotes from external vendors for HSA services. These services must be included and if needed, be subcontracted through the
4.	ATTACHMENT C – QUESTIONNAIRE	Section K Health Savings Account	Is the State using an enrollment system, and if so, which system? Is the State using a payroll system, and if so, which system? Does the State have any HSA administration customization or marketing needs? Does the State have any HSA reporting needs? What are the State's Open Enrollment needs in regard to HSA? Will the State be selecting finalists for HSA administration, and if so, would the potential HSA finalist presentations be incorporated with the MEDICAL finalist presentations?	awarded bidder.The State administers theirown enrollment viaWorkday system andpayroll via JD Edwardssystem.The State requires astandard HSA reportingpackage. Bidders are toprovide their standardHSA reporting packagedetails in Attachment C1 –Questionnaire (section K).Open Enrollment needsinclude: Updatedinformation annually aswell provide us with anyinformation needed toshare with public servants.If the State decides to holdvendor demonstrations,the Medical presentationincludes HSA.
5.	MEDICAL DATA FILE FOR REPRICING	N/A	Please confirm the number of rows included on the claim file submitted to us on June 18, 2025. We are counting 1,101,590 rows of data, but due to the size of the file and with the file being in TXT format, the rows exceed the number allowed in Excel so we would just like confirmation of the grand total rows of data. Thank you	The Medical Data Layout & Control Totals file in the secure workspace confirms 1,101,590 records are in the claims repricing file. As a reminder, per the email on the release of the secure data, the claims repricing file MUST be returned to the secure workspace in the same order and format as it was received.

6.	1.PROCUREMENT	6	The RFP lists the items that are "to be	Details on completing the
0.	PROCEDURE,		addressed" in the bid response, which	Claims Repricing file can
	0.9.		includes #9 "Completed Attachment E –	be found in the Medical
	SOLICITATION		Claims Repricing File".	Data Layout & Control
	REQUIREMENTS			Totals file. Bidders are to
	REGUITEMENTO		Instructions in #31 are for bidders to	provide network status,
	V.PROJECT	27	"complete all RFP attachments:	contracted amount, and
	DESCRIPTION &	21	Attachment E – Claim Repricing File".	contract type fields as
	SCOPE OF			noted in the file. Claim
			Con the State places confirm what is to	line repricing contracted
	WORK, F.31 PLAN REQUIREMENTS		Can the State please confirm what is to	amount is required and is
	REQUIREMENTS		be "completed" on the repricing file and returned with the bid? We do not	imperative for evaluation in
	COST SHEET	o= 14		determining the differential
	CUST SHEET	SF Medical	release claim line repricing allowed	between current plan costs
		Repricing Tab	amount detail and instead provide	and expected plan costs
			Medical Reprice Summaries when	associated with possibly
			performing repricings. The COST	
			SHEET also includes a tab titled "SF	moving to a new vendor.
			Medical Repricing", which asks bidders	
			to complete the eligible and repriced	The State date not error
			dollar amounts.	The State does not agree
			Will the State care to constant and the	to accept medical reprice summaries and the
			Will the State agree to accept medical	
			reprice summaries and the completed	completed SF Medical
			SF Medical Repricing tab on the COST	Repricing tab on the
			SHEET as the completed response to	COST SHEET as the
			the medical repricing request without	completed response to the
		O sting K	claim file line item allowed pricing?	medical repricing request.
7.	ATTACHMENT C -	Section K	Can the State please provide the total	Cash Balance -
	QUESIONNAIRE	Health	HSA AUM (Assets Under Management)	\$2,635,276
		Savings	for the following?	Investment
		Account	Cash account balance	Balance -
			 Investment balance 	\$1,499,084
			In these on employee contribution to the	• Total - \$4,134,360
			Is there an employer contribution to the HSA?	 Accounts – 1,165
				There is no Employer
				contribution to the HSA.
8.	Medical Benefits	Pg. 7	Will a digital signature fulfill this	DocuSign and an ink
	RFP - 1. b. ii. The		request?	signature are both
	"Contractual			approved ways to
	Agreement Form"			complete the signature
	must be signed			requirement process.
	manually in ink or			
	by DocuSign			
9.	Medical Benefits	Pg. 9	Please send documents labeled 9.	The Claims Repricing File
	RFP - 0.		Attachment E – Claims Repricing File	and the By County
	Solicitation		and 10. Attachment F – Count Network	Network Access File were
	Requirements		Access Analysis	provided via secure
	'			workspace to all bidders
				who submitted the
				required Intent to Propose
				form and provided a fully
				executed NDA with Segal
				by the RFP due dates.

10.	Medical Benefits RFP – Vendor Duties G. Prices	Pg. 29	How does section G. relate to the Medical contracts? What does the 3.5% apply to? Is this in relation to Medical fees?		State of NE/Procurement The 3.5% refers to the maximum ASO increase in fees following the initial contract period, for the remainder renewal years.
11.	Medical Benefits RFP - Project Description and Scope of Work F. Plan Requirements Q.9	Pg. 44	Is this referring to an audit or do you want to confirm we're adjudicating claims properly?		This plan requirement refers to bidder's claims adjudication processes.
12.	Attachment C - Questionnaire: Network Access Management	estionnaire: Tab - Row categories below should be included as "Family Nurse Practitioner"		ould be included actitioner"	Bidders will have to determine whether to include categories listed (in vendor question) as a "Family Nurse Practitioner" based on their
			Prov Type Category	Prov Type Name	understanding of the type
			ALLIED HLT PROF	Nurse, Registered	of services provided in
			ALLIED HLT PROF	Nurse, Licensed Practical	each of those categories.
			ALLIED HLT PROF	Nurse Practitioner	
			ALLIED HLT PROF	Clin Nurse Specialist (non- Behavioral)	
			ALLIED HLT PROF	Home Health / Private Duty Nurse	
			ALLIED HLT PROF	Family Nurse Practitioner	
			ALLIED HLT PROF	Advanced Registered Nurse Practitioner	
			ALLIED HLT PROF	Licensed Vocational Nurse	
			ALLIED HLT PROF	Nurse, Registered, First Assistant (RNFA)	
			ALLIED HLT PROF	Pediatric Nurse Practitioner	
			ALLIED HLT PROF	Visiting Nurse	

This addendum will be incorporated into the solicitation.